



One-Time ACH Payment Authorization

I (please print name) _____ authorize **Our Savior Christian Academy (OSCA)** to charge my bank account the amount indicated below on (date) _____. A receipt for each payment will be provided upon request and the charge will appear on my bank statement as an "ACH Debit".

AMOUNT AUTHORIZED:	MEMO:
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☐ Use the banking information on file with OSCA for Tuition payments.

OR Enter new banking information

BANK NAME:	Type of Account: <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT
ROUTING NUMBER:	ACCOUNT NUMBER:

ACCOUNT HOLDER NAME:	PHONE NUMBER:
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- I understand that this authorization is for a one-time transaction.
- For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.
- In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that OSCA may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$45 charge for each attempt to collect on a returned NSF which will be initiated as a separate transaction from the authorized payment.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.
- I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.
- I understand that ACH transactions may take 3-5 business days to process.

Account Holder's Signature: _____

Date: _____